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PREVENTIVE HYGIENE

AN ACCOUNT OF THE
BRUSSELS INTERNATIONAL
CONFERENCES

1899 AND 1902

BY AN ENGLISH MEMBER

THIRD AND ENLARGED EDITION
June, 1909

PUBLISHED BY
HAZELL, WATSON & VINEY, Ltd.,
52, Long Acre, London, W.C.

PRICE THREEPENCE
(Quantities by arrangement)

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President's Office G.

7-3-72

The official literature of the first Conference, consisting of five volumes—"Rapports Préliminaires," "Enquêtes," "Communications" (2 vols.), and the "Compte Rendu des Séances,"—together with the "Bulletin de la Société Internationale de Prophylaxie Sanitaire et Morale," and the "Compte Rendu des Séances" of the second International Conference, can be obtained direct from the Publisher, M. Henry Lamertin, 20, rue du Marché-au-Bois, Bruxelles, price 40 francs, or through Messrs. Williams & Norgate, 14, Henrietta Street, Covent Garden, London, W.C.

PREVENTIVE HYGIENE

The First Brussels Conference.

SEPTEMBER, 1899.

SO much has been said of late as to the prevalence and character of certain maladies affecting, in one form or another, not only the least reputable members of the community, but innocent victims in all ranks of society, and so many vague fears have been set floating in the public mind, that it seems desirable to lay before the reader in a concrete form the results arrived at by an assembly of experts of all countries, called together at Brussels in September, 1899, to discuss this very subject.

I.—THE CONFERENCE ITSELF.

THE Conference was organised by a Committee of medical experts in Brussels, on the initiative of Dr. Dubois-Havenith, a distinguished Belgian specialist, and under the presidency of the Belgian Minister of Health and the Burgomaster of Brussels. It was specialist and authoritative in the highest degree. Roughly speaking, it numbered some 360 members, of 33 nationalities.¹ Of these, 107 were Government delegates, representing 29 different countries, mostly European, but including the United States, Persia, and Japan. Our own War Office and India Office were represented, together with the Royal College of Surgeons, the Irish College of Surgeons, and the British Medical Association. Out of the entire number, 295 were doctors, and a large number of these held public posts in the "Service of Health" or as professors of the special subject. The 65 non-medical members included Ministers of State, heads of police or health departments, delegates of municipalities, legal authorities and professors, and a few other persons individually invited on the ground of special competence, and representing, for the most part, the "sociological" side of the subject. Among these were several ladies.

The Conference lasted five days. It met in the Palais des

¹ The numbers are taken from the lists of names prefixed to the *Rapports Préliminaires* and the *Compte Rendu des Séances*.

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Académies, a handsome building standing in its own garden among fine trees, close to the Palace and the little Park, in the highest and pleasantest part of Brussels. M. Le Jeune, a former Minister of Justice, presided at its sittings, its evenings were spent in banquets and public receptions, and the King received the members at the close of their labours.

Their errand, indeed, was grave enough. People in England are apt to imagine that what has been euphemistically termed "preventible disease" is a purely British problem, long ago solved by Continental Governments; and a sort of sub-cutaneous agitation has long been going on in this country to bring about some assimilation to foreign methods. But the terms of the Brussels invitation lent little support to any theory of Continental superiority, and put the whole matter on a far more serious footing.

"The incessantly increasing propagation of these maladies"—so ran the opening sentences of the invitation—"has become a serious social danger. It behoves us, now while there is yet time, to take steps to endeavour to arrest the invading progress of the scourge. With a view to grouping and consolidating all efforts, a Committee has been formed, and an International Conference is being organised for the prevention of these diseases."

An invitation couched in such terms as these, coming, as it did, from a country which has exhausted every resource in the way of administrative measures, and addressed largely to other countries in a similar position, implied not only that the difficulty was general and not particular, but that no measures yet devised had proved capable of affording a solution. At the same time it pointed to the one remaining hope—the bringing together of all experiences, so as to obtain some clues for future guidance.

And here be it said that though the debate, always keen, became sometimes heated, and broke into sharp little fusillades of controversy between the attackers and defenders of existing methods, yet in the main the true scientific spirit prevailed, and speaker after speaker, as he brought his quota of observations and deductions to the common fund, seemed anxious not so much to bolster up a cause as to help forward an honest inquiry and a practical result. Certainly this was the spirit in which the organisers of the Conference had set about their work. "To get at the truth," said Dr. Dubois-Havenith, as he greeted the arriving members, "that is all we want. We want all the light we can get."

II.—THE DEBATES.

THE work of the Conference was mapped out into six questions. To facilitate discussion, two or three papers by selected writers on each of these questions had been prepared beforehand; and these, together with a mass of statistical information relating to various countries, were placed, in the shape of two thick volumes

and an appendix, in the hands of members as they arrived. The first four questions dealt with existing forms of State control,¹ and their possible improvement from a police or medical point of view; the other two invited suggestions as to *legal* measures for diminishing the number of women living by immorality, and as to the means of preventing the transmission of disease among the population generally.

The first question was the appeal to experience:—"What has been the influence of existing systems of Regulation on the prevalence of disease?"—and round this question the tide of debate surged for a long day and a half. The first morning was full of surprises. Three out of the first four speakers—all foreign doctors—condemned the existing system. The first, Dr. Blaschko, of Berlin, struck the keynote of many later speeches by pointing to the age of the women as a factor in the question of contagion. The French writers, he said, drew an argument in favour of Regulation from a comparison of the condition of the registered and unregistered women—disease being more frequent among the latter. But this was accounted for by the fact that the unregistered women were the younger women, who were always the most dangerous. It was not Regulation that rendered the courtesan less dangerous; it was Time. Besides, comparisons as to the women proved nothing. The only true test of the value of Regulation was the increase or decrease of disease among the male population. A careful study of all the

¹ It may be pointed out that there are two essentially different modes of State intervention which may be adopted with a view to checking the spread of these maladies. The system at present in force in the principal countries of Europe regards persons of a particular class and sex as the chief agents in the diffusion of disease, and seeks to prevent it by keeping these persons under constant sanitary supervision—the supervision consisting of periodical medical inspections, necessarily of a very revolting character—in order to ascertain whether the disease is present or not, and by compulsory detention and treatment in hospital in case it is found to exist. The progress of science has shown that these inspections are and must be extremely fallacious. In order to ensure the regular attendance of the women, they are required to enter their names and addresses on a register kept by the police, and those who fail to attend the inspection are liable to be arrested and imprisoned. This is the system commonly known as "Regulation." The difficulty of enforcing registration and attendance is, however, very great; and in many countries the police encourage, as far as possible, the aggregation of the women in houses of ill-fame, which are "tolerated," or licensed, by the State on the understanding that the mistress of the house insists on the observance of the regulations by her inmates. These *maisons tolérées* are regarded by many Regulationists as the very core of the system.

The other mode of possible State intervention is to require doctors and others to notify all cases of actually existing disease of this kind, in persons of whatever class or sex, to the health authority, who is to enquire into the means of segregation and treatment (as in the case of other infectious diseases), and is empowered to remove the patient to hospital if necessary.

It has been urged in favour of the latter method that it is not open to the objections brought against the former, as being unequal between men and women, or as encouraging immorality by superintending, in its interests, the health of those who minister to it. It may be questioned, however, (1) whether this advantage could be maintained in practice as well as in theory; and (2) whether every scheme of this kind yet proposed does not contain elements likely to defeat its own object and endanger rather than protect the public health. (See pp. 17, 18 and notes to pp. 16, 17.)

reports and statistics showed that it was impossible to establish any general rule as to things being better under Regulation and worse in its absence. "There is not one of us," he said, "who is content with Regulation as it exists to-day." Finally, he warned the Conference against approaching the question from an exclusively medical standpoint. Hygienic Utopias might be very attractive in theory; but methods which ignored the complex interests of the community—economical, social, ethical—would always defeat themselves. If the Conference was to have enduring results, they must build on a broad foundation.¹ Dr. Aigagneur, of Lyons, said doctors were beginning to see the uselessness of Regulation; its partisans complained of it almost as much as its opponents.² In common with Prof. Neisser and others, he pointed to the worthlessness of military statistics for purposes of comparison, whether between army and army, station and station, or even regiment and regiment, the question being complicated by incalculable differences of other kinds. Dr. Fiaux, of Paris, followed on the same side. Dr. Barthélemy, one of the medical chiefs of St. Lazare, the great Lock-Hospital prison of Paris, replied that disease was due to immorality, not to Regulation; that passion was an eternal and imperative factor in human life; and that Regulation was a means of combating its attendant evils. If it had not yet succeeded in eradicating these evils, that was not a reason for abolishing, but for improving it. He agreed that there was much room for improvement, and recommended gentler methods.³ He joined with Dr. Fiaux in begging Prof. Fournier, the head of the French delegation, to give them his views. Thus appealed to, the illustrious Professor came forward. First, he discarded statistics. You could get nothing out of them. The conditions were too variable to admit of comparison. There remained one simple argument—the argument from common-sense. Isolate an infected woman, and the infection would go no further; leave her at liberty, and within twenty-four hours three or four men would be contaminated. That argument was worth all the statistics put together. He added a frightful picture of the varied forms and consequences of syphilis, and of its prevalence in Paris, affecting, as nearly as he could calculate, a seventh, if not a sixth, of the whole population. Not that he thought the disease more virulent than before, but only better known, since recent science had revolutionised the whole subject. "You see, gentlemen," he concluded, "to what dangers we should expose the community by abolishing the regulations." To this M. Pierson replied, later in the debate, that the gravity of the danger unfortunately did not prove the value of the remedy. Disease appeared to vary in a manner totally irrespective of the regulations. If Regulation was indispensable to the public health, why were

See "*Compte Rendu des Séances de la Conférence Internationale pour la Pr. phylaxique*," *loc. cit.*, pp. 17–20. ² *Ibid.* p. 21. ³ *Ibid.* pp. 35, 36.

Ibid. pp. 22–27 (see also pp. 126 & 213).

⁵ *Ibid.* pp. 29–31.

London and New York, where it had never existed, in no worse condition than Paris? This also was an argument from common-sense.⁴

A similar line of argument was taken up in the debate on English and Anglo-Indian Army statistics, which occupied part of the afternoon. Doctors on either side disputed each other's figures; and the same thing happened later with regard to the statistics of Christianity, warmly disputed between two Christianian professors, Dr. Holst and Dr. Bentzen,⁵ and those of Strassburg,⁶ cited by Prof. Wolff, and combated by Dr. Hoeffel, on the ground that they did not tally with the German official statistics. It then appeared that Prof. Wolff had obtained his favourable results by eliminating all "imported" cases—a method which should have been explained on the face of the statistics, and which naturally invalidated them for comparison with statistics drawn up in the usual way.⁷ The Italian doctors drew attention to the very serious increase of disease in Italy on the abolition of Cavour's system by Signor Crispi in 1888,⁸ but added that the experiment had been too short to be of any value,⁹ and that the Lock Hospitals had been closed without any

¹ P. 91 (see also pp. 117, 118).

² Pp. 109–115.

³ Pp. 216–222.

⁴ P. 220.

⁵ So far as statistics are concerned, the discussions seem to have demonstrated, not for the first time, (1) the worthlessness of comparisons between selected towns, garrisons, or periods, where all sorts of different conditions affect the result; (2) the misleading nature of statistics specialised (like Dr. Wolff's) from a local point of view for comparison with statistics not so specialised; and (3) the absolute chaos introduced into the statistical argument by changes—possibly informal and unnoted—in the nomenclature, grouping, and identification of diseases, and by ignoring differences in the mode of treatment (in or out of hospital, brief or prolonged, &c.). A remarkable instance of the effect of altered modes of treatment on the statistics is mentioned in the *British Medical Journal* of December 30th, 1899. After commenting favourably on the improvement reported in the Indian Army statistics in 1898, shortly after the introduction of Lord George Hamilton's new Cantonment rules, it says:—

"There is another measure by means of which the admission-rate can be reduced, and which we venture to think has had some effect in reducing the figures from 456 per mille in 1897 to 363 in 1898, and that is more efficient treatment. We had occasion some eighteen months ago to call attention to the fact that in very many instances soldiers were only treated as long as there was some outward sign of the disease, and that no regular and constitutional treatment was carried out until the disease broke out again, often in a more virulent form. This was largely owing to the difficulty under army regulations in continuing treatment after a man had been discharged from hospital. . . . It is obvious that under such conditions the same men were repeatedly being admitted for relapses of the disease, and in this way the admission-rate per mille was greatly swollen.

"The lengthy correspondence which ensued on this subject in our columns showed that widespread interest had been aroused, and we have since that time, by frequent enquiries, learnt that regular and systematic treatment, in the Indian Army more especially, has recently been greatly extended. . . . This must have prevented many relapses, and so have lessened the admission-rate."

It is indeed matter for congratulation that such an obvious reform should at last have been introduced. But how infinitely strange that the "difficulty under army regulations" should not have been removed before, during the time of panic and feverish excitement which preceded the Cantonment rules of 1897!

⁶ Pp. 124; 149, 150.

⁷ P. 129.

adequate provision being made for voluntary patients.¹ Dr. Bertarelli, of Milan, while defending Cavour's system, did not wish to see it restored; the world had progressed since then, and better methods might be looked for.²

But the interest of the discussion was far from being mainly controversial. It consisted rather in the numerous important points brought out on all sides, and in the growth and sharing of opinion which was visibly going on under our eyes.

Perhaps no subject took larger proportions, as the debate went on, than that of the danger to the public health resulting from the prostitution of minors. Elaborate charts and tables were produced by the Paris doctors—the younger Fournier, Dr. Jullien of St. Lazare, and others—showing the years from 17 to 20 to be the most dangerous age as regards syphilitic infection.³ Dr. Augagneur suggested that this was not because the girls were young, but because they were novices, syphilis being almost invariably contracted within a year or two of the adoption of that career.⁴ Dr. Edmond Fournier urged, amidst applause, that minors found practising prostitution should either be placed in reformatories or compelled to return to their homes. He did not believe that at that age they were necessarily irreclaimable.⁵

Another point, brought forward by M. Pierson, was the danger from "mediate contagion," *i.e.*, the transmission of the disease from one client to another, even by women who, having passed through all stages of the disease, had themselves become immune. He thought this fact, indicated by the great discrepancies between the statistics relating to men and women respectively, had been too much overlooked by the French and German doctors.⁶

A third fact, admitted on all hands, whether with satisfaction or regret, was the progressive decay of the tolerated houses.⁷ This was attributed to various causes—to their having been cleared of minors by the police, and to the discouragement of the White Slave Traffic, which deprived them of their most attractive inmates;⁸ to their terrors for the women, owing to loss of freedom, strictness and frequency of inspection, etc.;⁹ while, on the other hand, it was found that they afforded no guarantee of safety.¹⁰ The business of immorality was now carried on under

¹ *Ibid.* p. 150. The same thing seems to have taken place in India in 1885 when 15 of the principal hospitals were closed by way of experiment. The experiment is said to have been unsuccessful, and they were re-opened two years later. But apparently nothing had been done to prevent its being unsuccessful. Experiments of this kind require careful scrutiny in relation to the attendant circumstances before any practical deduction can be drawn from them. See also Galewsky (*Compte Rendu*, pp. 161, 162), as to the temporary closing of the "much frequented" houses of ill-fame in Dresden and Leipzig, and Dr. Hoeftel (pp. 215, 216) in answer.

² P. 131. ³ Pp. 53–59; 69–82. ⁴ P. 95. ⁵ P. 82. ⁶ P. 90.

⁷ See Fiaux, 203; Barthélemy, 215; Fournier, 239; Mireux, 304; Bourgeois, 335; Augagneur and Santoliquido, 196, &c.

⁸ Rethaun Macaré, 317.

⁹ De Wyslouch, 232; Bourgeois, 335.

¹⁰ Perrin, 178 (see *infra*, pp. 12–14).

other names in small beerhouses, cafés and dancing places, and *maisons de passe*, where all sanitary inspection was evaded.¹

It was also generally admitted that the system failed to reach more than a fraction of those it professed to control;² and that it afforded a very imperfect protection even as regards these last, the period of enforced segregation covering only a few weeks and ceasing with the disappearance of the primary symptoms, while the disease remained unradicated for years, the external symptoms recurring from time to time, and the risk of contagion being almost as great in the latent as in the apparent intervals.³

It is less easy to describe the movement of feeling and opinion which seemed to be taking place among the listeners during the long debate. Already, as the Conference rose from its first sitting, doctors were exclaiming that they had had no idea there was such an amount of medical evidence and medical opinion unfavourable to the existing system. The speech of Prof. Fournier, describing the condition of Paris after a hundred years of Regulation, made a profound impression. It was felt that, whatever the great Professor's opinion, his facts spoke for themselves. It is hardly too much to say that there were moments when a sort of dismay seemed to spread through the assembly, as of men who begin to face for the first time the possibility that a cherished scheme may prove hopelessly impracticable; and it was with faces of graver anticipation that members took their places again for the afternoon. Many eminent voices were heard in defence. Professors Neisser, of Breslau, Lassar, of Berlin, and de Stürmer and Petersen, of St. Petersburg, together with many others, declared themselves convinced Regulationists. But the defence itself surrendered almost everything. Prof. Lassar argued that isolation was essential, and that Regulation was a means of isolation; it was defective, inadequate, even cruel, but what could you put in its place? (p. 33). Prof. Neisser took similar ground, admitting a minimum of success and insisting on a maximum of reform (pp. 35–37). Both discarded statistical evidence as hopelessly contradictory. Others relied on statistics to prove that however bad things were under Regulation, they would be worse without it, and urged that its incapacity to do all that had been expected of it was no reason for condemning it altogether, but rather for seeking to improve it. The doctors of St. Lazare themselves protested against the prison system of treatment in that famous hospital (Barthélemy, pp. 26; 213–215), and, while insisting on retaining the power of compulsory detention as regards their present class of inmates, asked for the addition of free consultations and treatment for patients voluntarily presenting themselves—which, however, would never succeed "till the last vestige of imprisonment should have disappeared" (Jullien, p. 160), to give place to the

¹ Le Pileur, 211; Honorat, 224; de Stürmer, 239; Commenge, 240, &c.

² Fournier, 100; Mireux, 305, &c.

³ De Stürmer, 147, 238; Dron, 226; de Wyslouch, 229, &c.

ben-volent and intelligent discipline of the hospital proper. One familiar argument was chiefly conspicuous by its absence. Very little was heard of the reforming and moralising influence of Regulation. Most of the speakers, if they touched on its moral results at all, touched on them only to exclude them, with an apology.

But all these speeches made little impression on the growing discouragement. Members had come up, bringing each his profession of faith and his confession of difficulty, and each expecting to obtain from his learned *confrères* the confirmation of the one and the solution of the other. Instead, they found the difficulty everywhere, and the solution nowhere. Prof. Fournier's unanswerable "argument from common-sense" had the usual weakness of *à priori* arguments—that it left out most of the factors in the problem, and consequently bore little relation to the actual results. Very striking was the subtle modification perceptible in the tone of Prof. Fournier himself. "In my opinion," he said in his first speech, "Regulation is imperative (*s'impose*); and we shall have more and more of it as the danger is seen to be greater" (p. 30). In the afternoon of the same day he frankly defined his own position in these words:—"You ask me, am I content with Regulation as it is?—No, I am not.—Yet I approve it?—Yes, because it does a little good (*un peu de bien*). It controls but a small number of the women, but at least it does control those few" (p. 100). He added an allusion to the "syphilis of the innocents" (pp. 100; 135, 6). It was for the sake of the wife and the child that he supported the cause of Regulation. Later on he was advocating with characteristic warmth and energy the suppression of the prostitution of minors; and on the last morning, in introducing his scheme for gratuitous voluntary treatment, he based it on the recognised inefficiency of the existing method. "Whatever the authorities have been able to do in the way of Regulation," he said, "it still remains inadequate; and the disease abounds and superabounds to-day as it did before Regulation existed."

Finally, to bring the question to an issue, Prof. Petersen proposed a resolution to the effect that "the sanitary control of prostitution was one of the most efficacious means of diminishing the spread of disease" (p. 134).

Several members objected, on the ground that a scientific question could not be decided by resolution; and the President pointed out that it had been understood that there would be no voting.

Prof. Petersen persisted. The Governments had sent delegates, and would expect them to report some definite result of the Conference.

The President suggested that the Government delegates might meet and vote among themselves; but added that such a vote would be in no way equivalent to a resolution of the Conference (pp. 130, 140). Other members objected to this plan.

Dr. Fiaux pointed out that the resolution would apparently bind the Conference to an approval of the actual *status quo*, whereas the majority of the members favourable to Regulation had expressed great dissatisfaction with the *status quo* (p. 140). He suggested that any vote should be deferred till after the discussion of the questions dealing with possible improvements. The resolution was accordingly withdrawn, and was not again brought forward; and the Conference ultimately separated without expressing any opinion on the subject.

III.—PROPOSED IMPROVEMENTS AND REFORMS.

THEN came the question of reforms, treated under three heads—the improvement of the medical supervision, the improvement of the police supervision, and the maintenance or suppression of the *maisons tolérées*. These formed the substance of the second, third, and fourth questions of the programme, but they ran together a good deal in the course of the debates. And here, amidst the infinite variety of opinions, three principal groups may be distinguished—those who would simply reinforce the existing system on its own lines, those who would retain some parts, abolish others, and run measures of a different character alongside what remained of it, and those who considered it a total failure, and abolition the only possible improvement.

Perhaps the majority of the members belonged to the middle group. The purely medical proposals included more thorough, more frequent, and more competent inspection, combined with longer isolation, and with treatment covering a series of years; the use of hydropathy; free dispensaries, and the encouragement of voluntary attendance. Prof. Petrini de Galatz, together with Dr. Pontoppidan, of Copenhagen, Dr. Blaschko, Prof. Neisser, and others, recommended an inversion of the existing relations between the doctors and the police. Instead of placing the whole trade of prostitution under police control, and making the treatment in hospital an appendage to the periodical inspection conducted by the police surgeon, they would put the entire administration on a purely medical footing, and make the inspection itself an appendage and continuation of the hospital treatment. This, it was urged, was in accordance with modern ideas, which no longer regarded those who had passed the inspection as healthy, but only as less immediately dangerous than those relegated to hospital.¹ The action of the police was objectionable in many ways;² it gave an odious character to the

¹ See "Conférence Internationale," &c., "Communications relatives aux Questions," &c., Vol. I., Dr. Pontoppidan, p. 47. No one seems to have gone into the question whether, in the course of hasty and crowded inspections, or of inspections by careless or ill-trained assistants, the contagion may not be conveyed, in many cases, from the sick to the healthy by the use of imperfectly better trained staff probably had reference partly to this point, but it does not seem to have been brought out clearly. Amidst all the discussion on the advantages and disadvantages of Regulation, the possibility of its involving a positive danger to the public health seems hardly to have been fully appreciated.

² Petrini de Galatz, *Compte Rendu*, p. 155.

system, and was evaded by those who most needed it. It should only be admitted where patients failed to continue their attendance, or in the case of women denounced as centres of infection.¹

The question of the *maisons tolérées* was very closely argued, and evoked sharp differences of opinion. Many were willing to acquiesce in their disappearance, and to concentrate the efforts of the police on a more thorough registration of women living in their own lodgings. Others insisted that the houses should be maintained at all costs, and the women compelled to reside in them. M. Bourgeois, Chief Commissioner of Police at Brussels, said this was the opinion of the Brussels medical service (p. 335). Dr. Mireur, of Marseilles, said Regulation apart from the houses was little better than a farce. Out of 5,000 women on the streets at Marseilles only 300 were on the register (p. 305). It was impossible for the police to deal with such numbers. He would retain the houses, abolish the *police des mœurs*, and punish solicitation under the vagrancy laws (p. 306). On the other hand, Dr. Perrin, also of Marseilles, declared that, so far as Marseilles was concerned, the *maison tolérée* was a thing of the past. "That is the brutal fact," he said, "and with it crumbles the whole fabric of the existing regulations" (pp. 177, 8). Some defended the houses on the ground that they tended to clear the streets; but this again was denied by Dr. Hoefel (p. 216) and others, and Brussels itself was alleged as an instance, M. Hirsch asserting (p. 183) that 15 or 20 years ago, when the tolerated houses of Brussels were famous all over Europe, the streets were full of solicitation, but now that the number of these houses was greatly reduced, the streets were proportionately improved. Several Russian and other doctors spoke against them in the strongest terms as schools of profligacy,² and even as centres of disease.³ Professors Neisser, Jadassohn, and others suggested that it should be plainly printed on the women's papers that the medical certificate afforded no guarantee of safety to clients.⁴ "It must not be a certificate of health," said Dr. Schrank, of Vienna (p. 153), "but only a permit to practise." Prof. Fournier, on the other hand, spoke of the houses as affording "the *summum* of security" (p. 180),⁵ and said that very few of his patients traced their infection to them; to which Dr. Augagneur replied that patients naturally brought the infection from the places they frequented, not from those they did not frequent (p. 185). Several proposed to improve the medical supervision, making the inspections more frequent and rigorous, and never entrusting them to the mistress of the house, whose examinations were valueless.⁶ To this others, again, replied that it was pre-

cisely where the medical supervision was most strict that the houses were dying out; the only ones that continued to attract were those containing very young or newly-arrived girls, and these had been shown to be the most dangerous.⁷

Dr. Fiaux said the great Russian specialist, Dr. Sperck, had found that the amount of syphilis conveyed by the registered women was proportionate to the recruitment of their ranks by *healthy* women. These were soon infected themselves, and spread the disease with great rapidity.⁸ Four or five members suggested that the women themselves ought to be protected from contamination by the inspection of their clients on arrival;⁹ but it was added that the houses might as well close their doors at once. Several schemes of reform seemed to have been elaborated with a view to theoretical completeness, quite apart from any consideration of the possibility of carrying them out in practice. Dr. de Stürmer (p. 146), Prof. Jadassohn (p. 202), and one or two others drew attention to practical difficulties, and to the hopeless disproportion between the numbers to be dealt with, the necessary duration of detention, etc., and the length of the public purse.¹⁰ Dr. Achille Dron, formerly of Lyons, occupied a place by himself as the author of a scheme by which (to use his own words) the police should not only control but recruit the ranks of prostitution. Every syphilitic patient, he said, should be kept under treatment for three years or more, and forbidden to practise her trade, under pain of imprisonment, until the doctor should pronounce her completely cured. "You will ask," he said, "how she is to be maintained during that time. I answer that the charitable public will see to that." On her complete recovery she should be entered at the registry (*bureau de placement*) kept by the police for that purpose, and handed over to one of the *maisons tolérées* when applied for (pp. 225, 6).

The third group—that of the abolitionists pure and simple—was small in number, but the speeches attracted attention and sympathy by their conspicuous ability, moderation, and breadth of view. One of the most eloquent was that of M. Rethaen Macaré, one of the Dutch Government delegates. He said his Government had sent him to learn rather than to speak, but the Conference might like to know the impression made by the debates on one chiefly occupied with matters of legislation, and who had come with an open mind (*sans parti pris*). He thought the doctors asked too much of the legislators, and things incompatible with sound law. M. Fournier pleaded to be allowed to do "a little good." But in order to do that "little good" they

¹ de Wyslouch, p. 232.

² Augagneur, p. 185; de Wyslouch, 232.

³ Fiaux, p. 107. See also de Wyslouch, pp. 228, 9. The whole speech is very striking, as is also Dr. Pouschkin's, pp. 281-3. Evidently the question of the houses turns partly on local conditions. In Russia they appear to be less unpopular, but more dangerous; in France and Belgium, less dangerous but more unpopular.

⁴ Petrinì de Galatz, 156; Kromayer, 166, 7; Lassar, 181; de Wyslouch, 231; Schrank, 247.

⁵ See also Dr. Schmölter, pp. 299, 300.

¹ Blaschko, pp. 251-3. ² Petrinì de Galatz, p. 189; Pouschkin, 282.

³ de Wyslouch, pp. 230, 231, "foyers de la syphilis."

⁴ Neisser, p. 173 (French), 175 (German); Jadassohn, p. 202 (see also S. Smüller, 301-2).

⁵ See also de Stürmer, 237-9; Peroni, 241-5.

⁶ Schrank, pp. 152, 247.

were compelled to do incalculable harm. He did not deny the importance of isolating the sick, but how was it to be done? The vast majority of the women outside the tolerated houses escaped the regulations altogether. The houses themselves were high schools of immorality in its worst forms. It was there that the procuresses of the future were trained to prey upon society. It was there that numbers of young lads began their downward course. They were the resort of married men and old *ranés*. M. Fournier said, "Save the wives and children!" but it was largely from these very houses that the disease was taken home to the wives and children. Was there nothing, then, that the law could do? It could do much. M. Fournier said, "Look to the minors!" That word went to the root of the matter. It was there that improvement must begin. But he would extend the meaning of the word to minors of both sexes.¹

He was followed—or preceded—on the same side by M. Minod, who, in two eminently clear and practical speeches,² insisted on the disproportion between effort and result, as demonstrated by the debates; M. Pierson, who demanded the punishment of all who make their gain out of the debauchery of others;³ Mr. Percy Bunting, President of the International Conference on the White Slave Traffic⁴ held in London in June, 1899, who drew attention to the recommendations of that Conference; Drs. de Wyslouck and de Pouschkine, of Warsaw, Dr. Schrank, of Vienna, and M. Youriévitch, of the Russian Embassy in Paris, who attacked the keepers of the houses as the chief instigators of the White Slave Traffic;⁵ and Madame Bieberboehm, of Berlin, who urged various measures for the protection of girls, including the suppression of the Regulation system, which was simply a trap for them (p. 271).

To this group belonged also Dr. Fiaux, whose long and brilliant paper in the *Rapports Préliminaires* was summed up by himself in the one sentence: "On soignera plus de malades par la liberté que par la force."⁶

By this time the Conference had entered on the fifth question:—"By what legal measures can the number of women earning their living by immorality be diminished?"—and Prof. Fournier once more came to the front with a definite proposition (pp. 259-262). It was impossible, he said, to do away with prostitution at a blow, but it was not impossible to make a beginning. Let them begin with the minors. Two things were needed—a law for the sequestration, until their majority, of girls

found practising prostitution, and refuges to which they could be consigned for reformation, treatment, and instruction in some means of earning a decent living. He proposed a Resolution inviting the Governments to use their utmost powers for the absolute suppression of the prostitution of girls below the age of civil majority (pp. 287, 293). The age would differ with the age of majority in different countries, 21 in France and Belgium, 23 in Holland, etc. He saw no objection to that (p. 290). The Resolution was seconded by the President, M. Le Jeune, who said that in Belgium they had both the law and the institution recommended, but funds were needed to work them (pp. 262, 3). They had also a law for the protection of boys (p. 293). He defined civil minority as the age of subjection to paternal authority (pp. 290, 91).

The Resolution was passed unanimously and with great enthusiasm.

IV.—MEASURES AFFECTING THE CIVIL POPULATION.

The sixth and last question of the programme dealt with preventive measures bearing on the population generally. Here again the usual cleavage between coercionists and non-coercionists was observable, but in a less degree, the tendency in favour of non-compulsory methods being very marked, especially among the more advanced communities. The most drastic propositions came from Norway, Spain, and Roumania. Prof. Morgenstierne, of Christiania, described a Bill which was under consideration in Norway for enforcing the medical inspection, not upon prostitutes as such, but upon prisoners of both sexes committed for whatever offence; and empowering the Board of Health to order, from time to time, the medical inspection of all persons whose conditions of life and work might render them likely to transmit the disease (pp. 346-349). To this Dr. Holst, also of Christiania, replied, ridiculing the Bill clause by clause, and showing its absurdity, whether from a regulationist or a non-regulationist point of view (pp. 349, 350). Dr. Castelo, of Madrid, detailed the provisions of a Bill for preventing the contamination of wet-nurses by syphilitic babies, and of babies by syphilitic nurses. A medical examination and certificate were to be required on both sides (pp. 387-395). Dr. Georgesco, of Bucharest, proposed a series of measures for bringing under medical supervision various classes of persons, including young and unmarried men generally. He advised the weekly inspection of pupils in secondary schools, and the inspection of all domestic servants of both sexes before entering service (pp. 396, 397).

But the majority of the proposals were remarkable rather for the absence of attempts at coercion, and the effort to conciliate the goodwill and win the confidence of patients, so as to lead them to seek early and effectual treatment. The first

¹ Pp. 254-259. See also, *re* procuresses, Dr. de Pouschkine, p. 282; and M. Youriévitch, p. 269; and, *re* schoolboys, Prof. Petriñi de Galatz, p. 186.

² Pp. 116-120; 245-247.

³ P. 366. See also Le Pileur, p. 321; and Bourgeois, pp. 336-338.

⁴ *i.e.*, The international trade in young girls fraudulently procured for immoral purposes.

⁵ Pp. 232; 281, 283; 248, 91; 268.

⁶ Roughly, "We shall get more patients to submit to treatment by voluntary means than by compulsion." "*Rapports Préliminaires*," Question II., p. 110.

essential was improved medical education, in order to ensure a supply of competent doctors; the next was diffused information—*i.e.*, protection by knowledge.² Dr. Boureau, of Paris, gave public lectures on the subject every year to students and working men (p. 366); Prof. Neisser had a full course every winter for the university students generally, each of whom also received, on matriculation, a notice warning him of the dangers attending an irregular life, and putting before him the moral aspects of the question. The Minister of Education had recommended that similar measures should be taken in all the Prussian Universities (p. 373).

Professors Fournier (pp. 344, 5), Neisser (pp. 378, 9), Troisfontaines (pp. 354-7), and others proposed, or had already adopted, the practice of issuing a printed warning to patients, instructing them as to the necessity of prolonged treatment, and of abstention from any contact, accidental or otherwise (including the use of the same cups, pipes, and other utensils), which might convey infection to others.

Prof. Fournier presented a detailed scheme³—anticipated, to a certain extent, by some earlier speakers—for the establishment by the State of voluntary free hospitals and dispensaries, open to all comers, conveniently situated, with an adequate medical staff, with evening or Sunday consultations to meet the convenience of the working classes, and with every consideration for the privacy and comfort of patients. This, it was thought, would meet the needs of decent married women, betrayed girls, and others, who, in many cases, have nowhere to go for treatment, the ordinary hospitals being very commonly closed to cases of this kind; and would also gradually attract the large body of *insoumises*, or “clandestine” prostitutes, who, in evading the police, evade treatment of any kind, and remain a constant danger to the community.⁴

Several speakers laid stress on the absence of compulsory detention as an essential of success. Dr. Nevins instanced the case of the Glasgow infirmary, where for some years patients of this kind were required, on entering, to sign a promise to remain until discharged. It was found that patients refused to sign, and presently ceased to come at all, and the rule had to be rescinded.⁵ The fear of compulsory detention had been fatal to success everywhere. Dr. Boureau said there was a philanthropic society in Paris which maintained a free dispensary for these patients. “The clandestines whom the police fail to reach

come to us,” he said. “At first they feared we should detain them; but now they come freely, and often bring their companions” (pp. 365, 366).¹

One of the most interesting of these later speeches was that of Mr. Jonathan Hutchinson, the English specialist,² who attended as one of the representatives of the Royal College of Surgeons, and whose European reputation made him the object of the most respectful attention. He deprecated panic and exaggeration; said there were many evidences that disease was not increasing, but steadily diminishing, in England; and pointed out that it could hardly be called a danger to the race, since it is scarcely traceable in the third generation. Scientific treatment had improved, and was lessening the duration of secondary syphilis. Patients were now advised not to marry till completely cured, and the consequence was that hereditary syphilis was already extremely rare among the educated classes. The same ideas would gradually permeate all classes. He advocated medical education and the establishment of general rules as to treatment, to be adopted by the profession generally. Young men in public schools and colleges should be warned and instructed, and the instruction should include moral considerations and respect for the purity of women. A diminution of vice would bring with it a diminution of disease.

He thought that already a better tone was asserting itself among medical students and other young men of that class, and that officers in the army no longer looked on dissolute habits as inseparable from military life. Our recruits now enlisted young, and left the army early, and there was nothing unreasonable in expecting them to keep straight from eighteen to twenty-seven. The effort would have collateral advantages in developing character, self-respect, temperance, and industry. He did not think public opinion would long endure the association of life in the army with the moral degradation of the soldier. If the matter were put before the men in a reasonable way, he was convinced they would respond, and that would do more to diminish disease in the army than all the regulations that could be devised.

V.—THE RESOLUTIONS.

AFTER all, the Conference did not separate without passing a number of resolutions, which may be summarised as follows.

The Conference recommended:—

(1). That the Governments should use their utmost powers to suppress the prostitution of girls under age.

¹ Prof. Lesser, in his printed report on this question, laid stress on the maintenance of professional secrecy. Sufferers from these maladies, he said, had motives for secrecy which did not apply to ordinary diseases, and any measures tending to destroy the confidence of the patient in the silence of the doctor would only drive him into the arms of the quacks (“*Rapports Préliminaires*,” Question VI., p. 8).

² Pp. 351–354.

¹ Kaposi, pp. 339, 340; Fournier, 341; Hutchinson, 351, 2; Lesser, 359; &c.

² Hallopeau, pp. 384, 385; and others.

³ Pp. 340–345.

⁴ See also Judasohn, p. 203; &c.
⁵ Pp. 367, 368. This argument gains force in view of the importance of early treatment, which in this case was sacrificed to the unsuccessful attempt to ensure prolonged treatment. See also Dr. Santoliquido, p. 186, where he speaks of the free dispensaries as increasingly frequented by the women. “That is to say, they are beginning to gain confidence, and to believe they will really be treated as patients and not as criminals. This is a conviction that takes time to grow.”

(II.). That a permanent International "Society of Sanitary and Moral Prophylaxis" should be constituted, having its headquarters in Brussels, issuing a quarterly journal in French, English, and German, and holding Congresses from time to time; the first Congress to meet at Brussels in 1902.

(III.). That—since a thorough knowledge (*connaissance approfondie*) of venereology is one of the most important means of effectually combating the spread of disease—complete and compulsory courses of instruction in the subject, for all medical students, should be instituted in every University, so as to ensure the training of really competent practitioners.

(IV.). That guardians of orphans, and others charged with the education of the young, should use every effort to promote their moral development, and to teach them temperance and respect for women of all classes.¹

(V.). That the utmost rigour of the law should be enforced against *souteneurs*.²

(VI.). That the Governments should appoint in each country a Commission charged to ascertain the amount of these diseases, apart from temporary fluctuations, among the civil population, to inquire into the existing means of treatment, the distribution of hospitals in various localities, etc., and to collect opinions and formulate proposals as to the best means of preventing the dissemination of the malady.³

(VII.). That the Governments should find means to warn the public, and especially young persons, of the dangers attending an immoral life.

(VIII.). That the statistics of disease should be drawn up in all countries on a common basis.⁴

All these Resolutions were passed unanimously.

It is interesting to compare this summary of the conclusions arrived at with the six questions with which the Conference started. The comparison marks the distinction, not, indeed, between points regarded as vital and points regarded as of secondary importance, but between those on which the Conference could and could not agree. None of the resolutions touched the question of "State Regulation" at all. It was felt that if the Conference was to speak with authority it must speak unanimously, and on this subject it was evident that opinions were hopelessly divided. Still, taking the resolutions simply as points of agreement, it is interesting to notice that none of them recommends any form of administrative coercion

as applied directly to the communication of disease; and that four of them aim at the prevention of vice, as the root of the whole evil, while the remainder seek to increase the efficiency and accessibility of medical aid, to apply a stimulus to research, and to bring all results into the common treasury.

VI.—RESULTS.

"I DON'T think we have done much," said one of the English delegates as the Conference separated.

In a sense, it was true. In another sense, time will probably show it to be most untrue. It was impossible that the Conference should begin with construction. No doubt it was disappointing to many that it should begin at chaos, but chaos is the raw material of creation, and it was very necessary to get back to the raw material. Most of the structures of the past are crumbling, and it was high time to know the extent of the damage, clear out the rotten foundations, and make room for something more in accordance with our present knowledge. It was this that made the work of the Conference look almost like a work of demolition. But the Conference has done more than demolish. It has served to lift a number of eminent practitioners above the ruts of practice and to make them thinkers. And this is due to the splendid courage and initiative of Dr. Dubois-Havenith. The Conference itself was hardly so much as a beginning; it was only a starting point. It was a mere search-light cast over the field where the work is to be begun. But it has roused the workers and shown them their task, and that is no small achievement.

The search-light naturally produced some disillusion. Delegates from non-regulationist countries were there, some of them with an inclination towards administrative coercion, to learn from the ancient wisdom of the Continent. They found that in those experienced countries administrative effort had got to the far end, and was beginning to come back. "We are waiting to see how you get on in Europe," said an American delegate to one of the German doctors. "After a hundred years of it, you don't seem much better off than ourselves. At present we are not much tempted to copy."¹

One or two incidents may be quoted to show how the heaven of ideas has gone on working since the Conference dispersed. It has been mentioned that ladies were invited, and that several were present and took part in the proceedings. They were warmly welcomed by some of the delegates. "Three ladies this time," said Professor Lassar, "that is all right. Next time there will be thirty." Mme. Bieberboehm's speech on the fifth question elicited cordial and outspoken admiration. A month or two later one of the German delegates, a University professor, announced a course of lectures on the social question, open to

¹ This was brought by a Russian delegate, Dr. de Stürmer, from a Russian Medical Congress, where it had been unanimously adopted.

² *i.e.*, Men who live upon the earnings of prostitutes.

³ Proposed by Dr. Saundby on behalf of the British Medical Association.

⁴ See "*Compte Rendu*," &c., pp. 423-426.

¹ "*Compte Rendu*," &c., pp. 128, 129.

both men and women, alleging that women took a great interest in these subjects, and could contribute much to their discussion. The Professor was in advance of his audience; the students would have none of it, and he was compelled to relinquish the attempt. This, too, is probably a question for Time.

Another incident was the reading by Prof. Fournier at the Paris Académie de Médecine, a few weeks after the Conference, of a paper on "Prevention by Treatment,"¹ in which he set forth in detail the scheme of free dispensaries and adequate medical attendance, which he had sketched at Brussels in the debate on the sixth question. In this paper he repeats with added emphasis the striking language he had used at Brussels.

"A long experience," he says, "has fully demonstrated the inadequacy of the whole system of administrative measures which constitute at present our only means of defence. The proof is that, in spite of that system, the disease is with us as in the past, an incurable ulcer in the side of our social system." "The administrative measures have been long tried, and have done all they are capable of doing. Without ignoring their advantages (which would be an ingratitude and an error) we must admit their insufficiency." "I will add, that they are likely to become even less useful as time goes on." He then proceeds to develop his scheme of purely medical prevention (*i.e.*, the prevention of danger to others by the effectual treatment and care of the patient), "a method which can awaken no distrust, and in the success of which everyone must needs be interested."

So, again, Prof. Neisser, in his Report on the means of diminishing prostitution,² comes very close to the root of the matter when he says, "The question of prostitution is essentially and primarily a men's question rather than a women's question"; and adds that the "physical necessity" so commonly pleaded is not entirely natural, but is "artificially and abnormally increased," not only by immoral literature and entertainments, and the solicitation of the streets, but "by the very widespread belief that chastity is harmful in a man, which causes many, without any strong impulse of their own, to allow themselves to be led astray" (p. 7). "I personally," he observes (p. 6), "do not believe in this necessity, nor in the harmfulness of abstinence."

All this shows a growing appreciation of some, at least, of the neglected elements in the problem.

Nevertheless, we must not expect too much. Amidst all this reaching out in new directions, many stand fast by the old system, and can see no defect in it except the want of more stringent and universal application. It will take time for the rank and file of the profession to become imbued with the new ideas, and more time still for the old ideas to die out. Nor is there anything to gain from an exaggerated enthusiasm for new

methods, which can only lead to a proportionate reaction when the result of those methods is found to be as limited as—at first—it assuredly will be. It has been the misfortune of this conflict with disease, wherever and however waged, to be judged always at short range. It was so with the old methods, and it will be so with the new. The cry for voluntary hospitals and gratuitous treatment is all very well, but it takes time and a patient and sympathetic eye for detail to adjust these public benefactions precisely to the public need. It is possible that the results may at first be disappointing in the extreme, especially in countries where Regulation has left its mark, and where the dread of compulsory detention makes patients shy; and this may even produce a reaction in favour of sharper methods which seem to promise more, though in the long run they effect even less. We must be prepared for these disappointments, and must realise that, whatever the means adopted, they will have to be judged not by their instantaneous but by their prolonged and progressive results, and by the whole of their action, indirect as well as direct, upon the national life. It is here that the old methods have conspicuously failed; it is here, above all, that any true method must succeed.

Meanwhile the experience of the Continent affords a timely warning to speculative administrationists on this side of the Channel. We had better not be in a hurry. Schemes for introducing futile fragments of State supervision in England are being propounded from time to time, with astonishing lightness of heart, by medical men and others, who appear never to have given the slightest consideration to what they are saying. Between writers like these and the British public it is a case of the blind leading the blind, and it is likely to provoke a more or less sharp reaction when the latter discovers where he is being led.

In any case, the new International Society should start on its way amidst the good wishes of all. The title bestowed on it, as a society for moral as well as sanitary prevention, suggests the hope that it will look at this complex question in all its bearings, and attempt to deal with it in its profounder as well as its more superficial aspects. If so, we may hope that the era of embittered controversy on this most melancholy subject is about to pass away, and give place to an era of mutual aid and common effort.

¹ Published in the "Bulletin de l'Académie de Médecine," Paris, Nov. 14th and 21st, 1899.

² "Rapports Préliminaires," Question V., pp. 1-18.

The Second Brussels Conference.

SEPTEMBER, 1902.

THE foregoing pages were written in 1900, within a few months of the first Brussels Conference. The second Conference, foreshadowed on p. 18, was duly held in September, 1902. The proposed International Society of Sanitary and Moral Prophylaxis had meanwhile been founded, and had been issuing its quarterly *Bulletin*, containing many valuable articles, amongst them a remarkable paper by Professor Finger, of Vienna, urging definite moral education for boys, both at home and in school, as a prophylactic measure of the first importance, "hitherto almost totally neglected." A number of "Communications" from members on the subjects to be debated were also printed beforehand and circulated at the Conference. The *personnel* of the Conference was much the same as before, and included official delegates from the principal European Governments, with several from the East and from America, besides members of the new International Society and a large number of other specialists. To a great extent, the debates themselves were a sort of echo of those of the previous Conference. The protection of minors, and the necessity of providing free dispensaries for voluntary patients, took an even more prominent place at the second Conference than at the first. So did the question of individual, as distinguished from public, prophylaxis. The question of penalising the communication of disease was discussed at some length, but opinions differed as to its practicability, and the Conference attempted no decision. Professor Neisser came armed with a scheme for bringing venereal patients of all classes under a form of Regulation by means of a standing Sanitary Commission, with plenary powers to place all such patients under medical supervision and compel obedience to all the restrictions imposed; but the Conference refused to consider it seriously. A few resolutions were passed "à l'unanimité" in favour of gratuitous treatment, of instruction of the public generally, and of printed instructions for men joining and leaving the army, together with a unanimous pronouncement to the effect that chastity is not injurious but beneficial to young men. Of course, the keenest debate of all was on the great subject of Regulation, no Regulation, or the *via media*. The Abolitionist movement was headed by four leading Paris doctors—Dr. Gailleton, the head of the French Government delegation, Dr. Gaucher, Professor Fournier's successor in the Chair of the Hôpital Saint Louis, the highest post in French venereology, Dr. Queyrat, of the Hôpital Cochin-Ricord, and Dr. Landouzy, a member of the Waldeck-Rousseau Commission, who represented the Ministry of Public Instruction. They condemned the existing system as absolutely valueless ("il ne sert absolument à rien," said Dr. Gailleton), and moved a resolution to the

effect that it had proved ineffectual and ought to be abandoned. It was impossible to hope for unanimity on such a resolution, and a little group of Italian delegates tried to get it modified. "Substitute 'condemned' for 'abandoned,'" they said, "and everyone will agree." But the French doctors refused to modify at the cost of making the position insincere and unreal. The doctors of Saint Lazare, and, in particular, M. Hounorat, representing the Paris *police des mœurs*, fought hotly for Regulation. M. Béco, the Vice-President of the Conference, and chief of the Department of Hygiene under the Belgian Ministry of Agriculture, advocated a middle course. He believed in assimilating these diseases with other transmissible diseases, and in a medical, not a police, system of prevention. His speech was a long indictment of existing methods. The system, he said, was universally condemned. A radical revolution had taken place within the last fifteen years. The "carte," the "maison de tolérance," and other features of Regulation, were all repudiated to-day. He read a long extract from a report of Dr. Bayet, showing the inefficacy of the system in Brussels. As before, the Conference passed no resolution on the subject. The movers laid their resolutions on a table in the lobby, and some members signed those they approved, and some abstained.

Perhaps, towards the close, a certain sense of unreality laid hold upon us. Enough had been said; it remained to be seen what, in the face of all obstacles, could be actually done. In the chief countries of Europe, if we except Italy—a poor country, where coercion has nevertheless been really and very courageously displaced in favour of a large system of gratuitous treatment—the absence of Regulation is a thing unknown and hardly imaginable, and its abolition is, oddly enough, regarded as giving the rein to unlimited vice. The system, with all its confessed irrationality, is firmly entrenched in a mass of vested interests, in police privilege—and the police will fight hard for their powers—and in the unreasoning prejudice of ordinary people.

In this connection the position of Great Britain, as a country which cast off the yoke of Regulation after a comparatively brief experiment, and without attempting to build up any administrative substitute for it, acquires a peculiar interest. Mr. Ernest Lane, F.R.C.S., surgeon to the London Lock Hospital and honorary secretary of the British Prophylactic Committee, summed up the English position in a brief but striking speech. His experience, he said, covered a time before, during, and after, the Regulation period in England. He himself, in common with many others, had prophesied an increase of disease as a consequence of the repeal of the Acts. Their anticipations had been falsified by the event; disease had not increased; on the contrary, there were fewer cases, and these of a milder character. Various influences had been at work tending to a diminution of immorality; and though there was no power to detain patients in hospital against their will, much could be done by kindness and persuasion, and patients who left uncured would still attend as out-patients. With regard to the London streets, he con-

sidered they were not really worse than those of foreign cities; and the central market of vice in London was mainly recruited by foreigners.

Another piece of material evidence as to the decline of disease of this kind in Great Britain was presented in the form of large sheets of diagrams and figures taken from the Army Medical, Navy Medical, and Registrar-General's Reports for a series of years.¹ (See pp. 27-31, where the figures are brought up to 1907, the latest published date.)

It had been the intention to hold a third International Conference within a few years on the same lines as the foregoing. But it was obvious that there was no object in another interchange of opinions within so short a time. Discussion had done its part in unveiling facts and suggesting reforms; it remained for each country to apply itself to the task of overcoming practical difficulties. A number of national prophylactic societies had already been formed; those of France and Germany were in energetic working. It was inevitable that the movement should use something of its international character and should work itself out in accordance with local conditions. The next Conference has apparently been postponed *sine die*.

A few words may be added as to the present position in different countries.

In Norway and Denmark the *police des mœurs* has been abolished, but some of its powers appear to have been transferred to the ordinary police. Reliance is placed on notification, followed by compulsory treatment, and on severe penalties for the communication of disease. Dr. Pontoppidan, however, the Danish specialist, says that as regards compulsory treatment the law has always been a dead letter, and that "its rigid enforcement would only defeat its own object, by frightening patients away from medical treatment."²

In Italy a complete system of gratuitous treatment in dispensaries and hospitals for all venereal patients has paved the way for the abolition of the entire system of police control over the women. This was rescinded by administrative ordinance in 1904, on the ground that "every sort of direct compulsion for the ascertainment and cure of venereal disease is injurious to public prophylaxis, as it increases the number of persons impelled to conceal their malady and avoid the means of cure." It is claimed that, in proportion as the non-compulsory nature of this State aid has come to be understood, increasing numbers of patients, both men and women, have resorted to it, to the great advantage of the public health.

In France the Extra-Parliamentary Commission appointed by the Ministry of M. Combes, and continued under that of M.

Clémenceau, reported in favour of the abolition of the *police des mœurs* and the initiation of a series of measures for the prevention of juvenile prostitution, the punishment of procurators, etc.³ The French Société de Prophylaxie, under the leadership of Professor Fournier and M. Lépine, Prefect of Police, submitted a counter-proposal of a reactionary character, urging that the powers of the police should, with certain modifications, be confirmed by law. In the present state of French opinion, it seems probable that the French Government may find it convenient to shelve both projects.

In Germany an influential Prophylactic Society exists under the leadership of Professor Neisser and Dr. Blaschko; but here, too, opinions are divided, Dr. Blaschko relying chiefly on instruction and individual prophylaxis, accompanied by social amelioration, and Professor Neisser and others urging the re-introduction of the "maison tolérée," which has so signally failed in France and Belgium, and which was abolished in Germany many years ago. On the other hand, there is a growing Abolitionist movement in Germany; and in Bavaria, where a revision of the penal code is pending, legislation in an anti-Regulationist sense has been foreshadowed by the Minister of the Interior on behalf of the Government.

In our own great dependency of India, an immense improvement, due to various causes, has taken place in the health of the troops during the last few years, the hospital admission rate sinking from 200 in 1904 to 154 in 1905, 117 in 1906, and 89.9 in 1907.² The Army Medical Report observes:—

"It will be seen that the health of the troops serving in India has of late years been much less affected by venereal disease than was the case a few years ago; more men are now fit for active service, a healthier body of men leaves the army year by year to enter civil life and compete in the general labour market, and fewer men are lost to the service by invaliding;" and adds, "Commanding officers now realise more fully the importance of venereal disease as a cause of inefficiency, and consequently exercise to a greater extent their personal influence to induce men to lead pure, healthy lives. Junior officers are encouraged to join in the games of the men, and regimental institutes are made as comfortable and attractive as possible, with the object of keeping men in barracks. Lectures by a specially selected medical officer have also exercised a beneficial influence. . . The improved education of the men, and consequently a higher moral sense, together with less indulgence in alcohol, has no doubt had a considerable influence in reducing the incidence of these diseases."

Much also is doubtless due to more thorough and continuous treatment, and to a more thorough and continuous application of common sense to the arrangement of the details of the soldier's life.

¹ Compulsory Notification was discussed, but was not recommended, owing to its tendency to induce concealment of disease.

² See Army Medical Report for 1907. (Cd. 4047.) Price 2s. 6d.

¹ The figures relating to the Army were verified, and cited as correct, by Major McCulloch, the official representative of the War Office at the Conference.

² "What Venereal Diseases mean, and how to prevent them." By Prof. Erik Pontoppidan. John Bale, Sons, and Danielsson, Great Titchfield Street. See also "Should Syphilis be made Notifiable," issued by the same firm, price 6d.

DIAGRAMS SHOWING DECLINE IN THE PREVALENCE OF VENEREAL DISEASES IN THE UNITED KINGDOM.

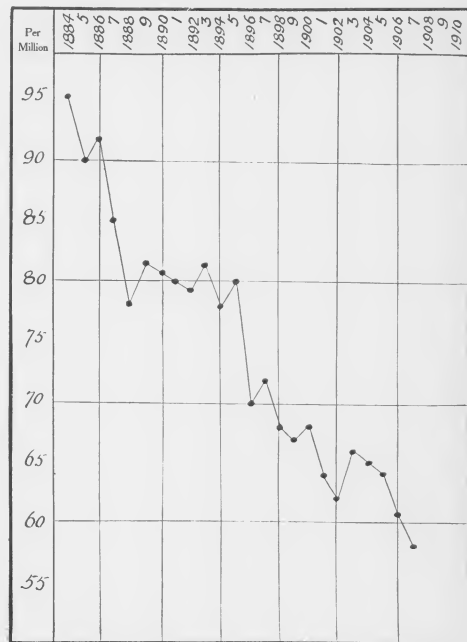
NOTE.

As regards the Military and Naval Statistics, it must be pointed out that the figures given do not mean the number of *men* per thousand admitted to hospital, but the number of *admissions*. Many of the cases are the same men admitted several times over in the course of the year. The admissions are also often for quite short periods, and the actual average number of men per thousand *at any one time* in hospital from this cause is about a tenth of the figures shown. The specially low figure for 1900, as regards the Army, is possibly due, in part, to the enlistment of a higher class of men on account of the prospect of active service; while the increase of disease in 1902 and 1903 is probably due to the return of large numbers of men from the war in South Africa, which was certain to have a temporarily unfavourable effect on both the Military and the Civil Statistics. The process of steady improvement has since then recovered itself, and is attributed largely to "moral causes" and the efforts of officers to exercise a wholesome influence on the men.

June, 1909.

I.—CIVIL POPULATION

(ENGLAND AND WALES).

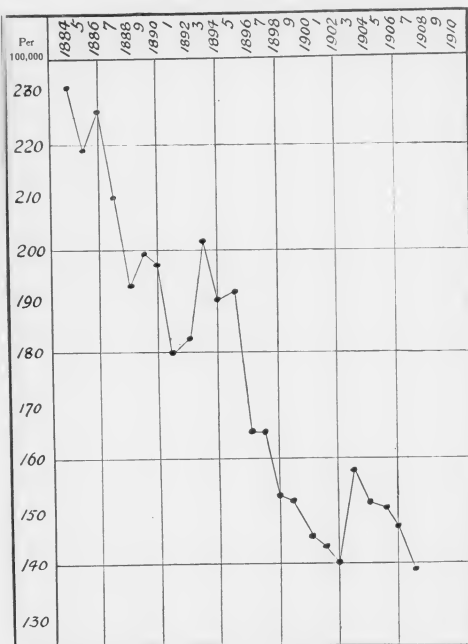


The above diagram illustrates the following figures, taken from the Annual Reports of the Registrar-General, up to 1907 (published December, 1908). It represents the number of Deaths, at all ages, registered as caused by Venereal Diseases, per **million** living.

1884	...	95	1890	...	81	1896	...	70	1902	...	62
1885	...	90	1891	...	80	1897	...	72	1903	...	66
1886	...	92	1892	...	79	1898	...	68	1904	...	65
1887	...	85	1893	...	82	1899	...	67	1905	...	64
1888	...	78	1894	...	78	1900	...	68	1906	...	61
1889	...	82	1895	...	80	1901	...	64	1907	...	58

II.—CHILDREN UNDER ONE

(ENGLAND AND WALES).

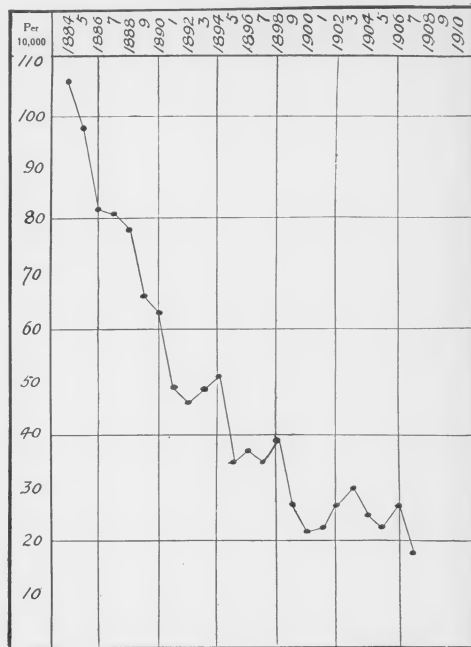


The above diagram represents the number of Registered Deaths from hereditary Venereal Disease, of children under one, per 100,000 living at that age, and is based on the figures given in the Registrar-General's Reports, compared with the Census Returns.

1884 ... 230	1890 ... 197	1896 ... 165	1902 ... 140
1885 ... 219	1891 ... 180	1897 ... 165	1903 ... 158
1886 ... 226	1892 ... 183	1898 ... 153	1904 ... 152
1887 ... 210	1893 ... 202	1899 ... 152	1905 ... 151
1888 ... 193	1894 ... 190	1900 ... 146	1906 ... 147
1889 ... 180	1895 ... 197	1901 ... 141	1907 ... 148

III.—CANDIDATES FOR RECRUITMENT

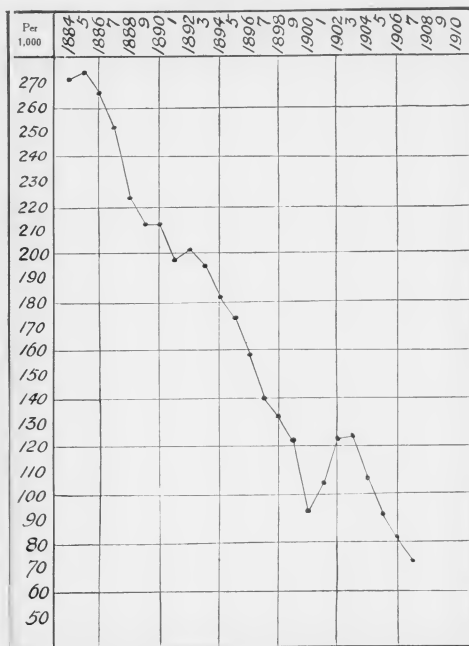
(UNITED KINGDOM).



The above diagram illustrates the following figures, taken from the various reports of the Army Medical Department, up to 1907 (published in 1908). It represents the number of candidates refused on account of syphilis per 10,000 offering for enlistment.

1884 ... 106	1890 ... 63	1896 ... 37	1902 ... 27
1885 ... 98	1891 ... 49	1897 ... 35	1903 ... 30
1886 ... 82	1892 ... 46	1898 ... 39	1904 ... 25
1887 ... 81	1893 ... 49	1899 ... 27	1905 ... 23
1888 ... 78	1894 ... 51	1900 ... 22	1906 ... 27
1889 ... 66	1895 ... 35	1901 ... 23	1907 ... 18

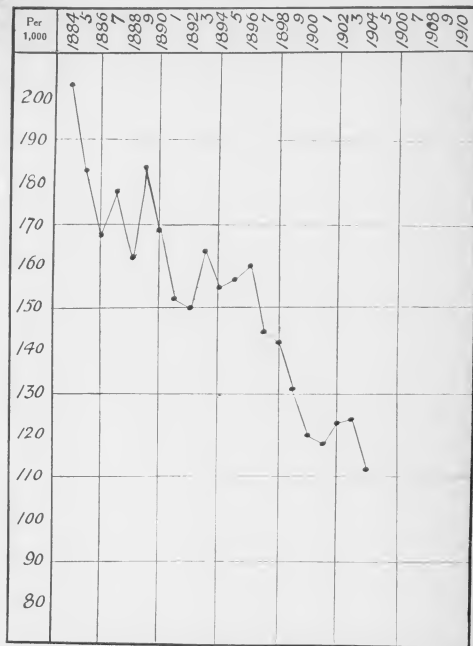
IV.—HOME ARMY/ (UNITED KINGDOM).



The above diagram illustrates the following figures, taken from the various Annual Reports of the Army Medical Department, up to 1907 (published in 1908). It represents the number of admissions, or re-admissions to hospital within the year for Venereal Diseases per 1,000 soldiers.

1884 ... 271	1890 ... 212	1896 ... 158	1902 ... 123
1885 ... 275	1891 ... 197	1897 ... 140	1903 ... 125
1886 ... 267	1892 ... 201	1898 ... 133	1904 ... 108
1887 ... 252	1893 ... 195	1899 ... 122	1905 ... 91
1888 ... 224	1894 ... 182	1900 ... 93	1906 ... 82
1889 ... 212	1895 ... 174	1901 ... 105	1907 ... 72

V.—HOME STATION OF THE NAVY.



The above diagram illustrates the following figures, taken from the various Annual Reports of the Navy Medical Department, up to 1904 (published in 1905). It represents the number of admissions, or re-admissions, to hospital within the year for Venereal Diseases per 1,000 sailors. The area of the "Home Station" of the Navy was greatly changed in 1905, and the Navy Medical Department no longer makes comparisons with previous years, on the ground that such comparisons would be "misleading." See 1905 Report, pages x. and l.

1884 ... 203	1890 ... 169	1896 ... 160	1902 ... 111
1885 ... 183	1891 ... 152	1897 ... 145	1903 ... 100
1886 ... 168	1892 ... 150	1898 ... 142	
1887 ... 178	1893 ... 164	1899 ... 141	
1888 ... 163	1894 ... 155	1900 ... 155	
1889 ... 169	1895 ... 160	1901 ... 160	



END OF
TITLE